

# CAFAmerica Gift Form

**I would like to make a gift to CAFAmerica.**

Receipts will be sent for gifts greater than or equal to \$250 in value. If the gift is by check, the receipt will be sent in the name of the person signing the check.

Name(s) of Donor(s) \_\_\_\_\_

Donor to be acknowledged if different from above \_\_\_\_\_

Donor address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name(s) of donor(s) to be acknowledged to suggested charity: \_\_\_\_\_

How did you learn about CAFAmerica? \_\_\_\_\_

**Please check whichever applies and fill in the amount.**

I enclose a check payable to CAFAmerica in the amount of \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my  MasterCard  Visa

Cardholder \_\_\_\_\_ Expiration Date \_\_\_\_\_

Account No. \_\_\_\_\_ Signature \_\_\_\_\_

**Please check whichever applies and complete.**

Please use my gift to support the following charity.

Organization Name: **PHYLLIS TUCKWELL HOSPICE**

Address: **WAVERLEY LANE, FARNHAM, SURREY GU9 8BL, United Kingdom**

Telephone: +44 1252 729400 Fax: +44 1252 729414

Email: [fundraising@phyllistuckwellhospice.org.uk](mailto:fundraising@phyllistuckwellhospice.org.uk)

Contact Name & Title: **Kate Chernyshov**

**I understand that my gift to CAFAmerica becomes the property of CAFAmerica and that CAFAmerica has ultimate control, authority and discretion with regard to its assets. All grants made by CAFAmerica are in its sole and independent discretion.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make copies of this form as needed. Please send the form together with your gift to:

## CAFAmerica

King Street Station

1800 Diagonal Road, Suite 150, Alexandria, VA 22314-2840

Phone: (703) 549-8931 Fax: (703) 549-8934

Email: [info@cafamerica.org](mailto:info@cafamerica.org)

Websites: [www.cafamerica.org](http://www.cafamerica.org)

[www.allaboutgiving.org/america](http://www.allaboutgiving.org/america)